CANDIDATE COMMITTEE
COVER PAGE

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MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From 6 01 04 **to** 7 18 04
Mo Day Year — Mo Day Year

1. Committee I.D. Number
137479

4. Candidate Last Name York **First Name** Darrin **M.I.** S

2. Committee Name
Committee to Elect Darrin York

4a. Office Sought Including District # or Community Served (If applicable)
Harrison Township Treasurer

4b. County of Residence

5. Committee's Mailing Address
38964 Northpointe Parkway
Harrison Twp, Mi
Area Code and Phone 586-465-6004

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address
Maryjean York
38964 Northpointe Pkwy, Harrison Twp, Mi 48045
Area Code & Phone (586) 465-6004

7. Treasurer's Business Address
38964 Northpointe Parkway
Harrison Twp, Mi 48045
Area Code and Phone (586) 465-6004

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone (_____)

9. TYPE OF STATEMENT

9a. ☒ Pre-Election **OR** 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary   ☐ General

☐ Convention   ☐ School

☐ Special   ☐ Caucus

Date of Election, Convention or Caucus

8   3   04
Month   Day   Year

9c. ☐ Annual Statement (_____ Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

_____
Month   Day   Year

By checking this item, I\We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the $1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. **If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.**

10. Verification: I\We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my\our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper _Maryjean York_, _Maryjean York_   Date 7 23 04
Type or Print Name   Signature   Mo Day Year

Candidate _Darrin Scott York_   Date 7 23 04
Type or Print Name   Signature   Mo Day Year

Authority granted under P.A. 388 of 1976

1. Committee I.D. Number __137479__

2. Committee Name __CTE Darren York__

SUMMARY PAGE
CANDIDATE COMMITTEE

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Itemized Contributions (Schedule 1A - Column 6)	(3.) $	680 00	(18.) $ 680 00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) $	2550 00	(19.) $ 2550 00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 + Line 4)	(5.) $	3230 00	(20.) $ 3230 00
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $	0 00	(21.) $
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) $	0 00	(22.) $
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) $	2549 48	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) $	0 00	
c. Unitemized (less than $50.01 each - no Schedule)	(8c.) $	0 00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) $	2549 48	(23.) $ 2549 48
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) $	0 00	
b. Unitemized (less than $50.01 each - no Schedule)	(10b.) $	0 00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) $	0 00	(24.) $ 0 00
DEBTS AND OBLIGATIONS 12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) $	2550 00	
b. Owed to the Committee (Schedule 1E)	(12b.) $		

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) $	0 00
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $	3230 00
15. SUBTOTAL Add lines 13 and 14	(15.) = $	3230 00
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $	2549 48
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	680 52 *

*If your ending balance is negative, please recheck your math.

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137479

2. Committee Name CRER Darrin York

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES **4. Date of Receipt** 7-18-04 Name: Mr. & Mrs. Gerarld Szostek Address: 616 Country Club St. Clair Shores, Mi 48082 **5. If over $100.00 cumulative, please provide:** Occupation _____ Employer_____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	30.00	
3. Contribution #2 PAC Receipt? ☐ YES **4. Date of Receipt** 7-18-04 Name: Mr. & Mrs. Mike Sessa Address: 34559 Riverside Bay Ct. Harrison Twp, mi 48045 **5. If over $100.00 cumulative, please provide:** Occupation _____ Employer_____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	40.00	
3. Contribution # 3 PAC Receipt? ☐ YES **4. Date of Receipt** 7-18-04 Name: Mr. & Mrs. Rudolph Nucci Address: 38984 Northpointe Pkwy, Harrison Twp. mi 48045 **5. If over $100.00 cumulative, please provide:** Occupation _____ Employer_____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	50.00	
3. Contribution # 4 PAC Receipt? ☐ YES **4. Date of Receipt** 7-18-04 Name: Mr. & Mrs. Rosquin Address: 27705 Ashland Harrison Twp, mi 48045 **5. If over $100.00 cumulative, please provide:** Occupation _____ Employer_____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	30.00	
Page Subtotal **Grand Total of All Schedules 1A** (Complete on last page of Schedule)	150.00	

Enter this total on
line 3 of Summary
Page

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number __137479__

2. Committee Name __CTE Darron York__

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 7-18-04 Name: Mr. & Mrs. Adam Jankowski Address: 38914 Northpoink Harrison Twp, MI 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	30.00	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 7-18-04 Name: Mr. & Mrs. Isidore Cipriano Address: 31074 San Juan Harrison Township, MI 48045 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	100.00	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 7-18-04 Name: Mr. & Mrs. Robert Atwell Address: 4481 Deer Creek Circle Washington, MI 48094 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	30.00	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 7-18-04 Name: Mr. & Mrs. Michael Rice Address: 31789 North River Rd. Harrison Twp, MI 48045 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	60.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	220.00	

Enter this total on
line 3 of Summary
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number __137479__

2. Committee Name __CTE Devin York__

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 7-18-04 Name: Mr. & Mrs. Matt Eineman Address: 39765 Chart Harrison Twp, Mi 48045 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	50⁰⁰	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 7·18-04 Name: Mr. James Sewstock Address: 31698 San Juan Harrison Twp, Mi 48045 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	30⁰⁰	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 7-18-04 Name: Mr. & Mrs. James Ulinski Address: 39295 Rivercrest Harrison Twp, Mi 48045 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	30⁰⁰	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name: Sue Memnenger Address: 38526 Lakeshore Harrison Twp, M. 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	15⁰⁰	
Page Subtotal **Grand Total of All Schedules 1A** (Complete on last page of Schedule)	125⁰⁰	

Enter this total on
line 3 of Summary
Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number __137479__

2. Committee Name __CFC Darrin York__

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 7-18-04 Name: Mrs. Diana LaRosa Address: 6916 Cross Creek Dr. Washington, Mi 48094 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	15 00	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 7-19-04 Name: Mr. & Mrs. Richard Dennis Address: 29015 Ballard Harrison Twp Mi 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	30 00	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 7-19-04 Name: Mrs. Nancy Museer Address: 390 Valley Drive Bonita Springs, Fla. 34143 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser	25 00	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 7-13-04 Name: Mr. & Mrs. Jeffery Ballard Address: 6744 Wbyscll Bloomfield Hills, Mi 48301 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	30 00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	100 00	

Enter this total on line 3 of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137479

2. Committee Name CTE Darrin York

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 7-18-04 Name: Mr. & Mrs. Brian Bank Address: 11644 Island Ct. Hartland, Mi 48353 5. If over $100.00 cumulative, please provide: Occupation _____ Employer_____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	30⁰⁰	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 7-18-04 Name: Mrs Mary Bellard Address: 46413 Peachgrove Maccomb Twp, Mi 48044 5. If over $100.00 cumulative, please provide: Occupation _____ Employer_____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	15⁰⁰	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 7-18-04 Name: Mr. Ron Stellnut Address: 411 W. Hildale Detroit, Mi 48203 5. If over $100.00 cumulative, please provide: Occupation _____ Employer_____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	20⁰⁰	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 7-18-04 Name: Mr. & Mrs. Steve Konczak Address: 27862 Ashland Harrison Twp, Mi 48045 5. If over $100.00 cumulative, please provide: Occupation _____ Employer_____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	20⁰⁰	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	85⁰⁰ 680⁰⁰	

Enter this total on
line 3 of Summary
Page.

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ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1
CANDIDATE COMMITTEE

1. Committee I.D. Number 137479

2. Committee Name CTC Darrin York

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name: Darrin York Address: 38964 Northpointe Parkway Harrison Twp, Mi 48045 ☐ Fund Raiser	Date of Receipt 6-24-04	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☒ Other (Specify) Loan to Campaign from Candidate	2500⁰⁰
Receipt #2 Name: Darrin York Address: 38964 Northpointe Pkwy. Harrison Twp, Mi ☐ Fund Raiser	Date of Receipt 7-18-04	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☒ Other (Specify) Loan to Campaign From Candidate	50⁰⁰
Receipt #3 Name: Address: ☐ Fund Raiser	Date of Receipt	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify)	
Receipt #4 Name: Address: ☐ Fund Raiser	Date of Receipt	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify)	
Receipt #5 Name: Address: ☐ Fund Raiser	Date of Receipt	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify)	
Receipt #6 Name: Address: ☐ Fund Raiser	Date of Receipt	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify)	
Receipt #7 Name: Address: ☐ Fund Raiser	Date of Receipt	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify)	

Page Subtotal

Grand Total of All Schedules 1A -1
(Complete on last page of Schedule)

2550⁰⁰

Enter this total on line 4 of Summary Page

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number __137479__

2. Committee Name __CTE Darrin York__

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name Poligraphics Address 340 Broadway ST. Paul Park MN. ☐ Fund Raiser	Purpose: Yard Signs ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	6-24-04	837⁸⁰
Expenditure #2 Name C & G Publishing Address 13650 Eleven Mile Warren, Mi 48089 ☐ Fund Raiser	Purpose: Newspaper Ad. ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	7-8-04	260⁰⁰
Expenditure #3 Name Staples Address 31900 Gratiot Roseville, Mi 48066 ☐ Fund Raiser	Purpose: Printing Supplies ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	7-10-04	62⁵¹
Expenditure #4 Name Dollar Tree Stores Address 37101 Groesbeck Clinton Twp, Mi 48036 ☒ Fund Raiser	Purpose: Decorations For Fundraiser ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	7-1-04	47⁰⁰
Expenditure #5 Name Fun Express Address Funexpress.com PO Box 2049 ☒ Fund Raiser Omaha, NE. 68103	Purpose: Fund-Raisers Decorations ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	7-13-04	73²⁰

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

1280⁵¹

Enter this total
on line 8a of
Summary Page

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number __137479__

2. Committee Name __CTE Darrin York__

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name Manhatten Printers Address 51132 Milano Macomb, Mi 48042 ☐ Fund Raiser	Purpose: Mailins ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	7-14-04	595 00
Expenditure #2 Name All Event Tents Address 15678 Tranquil Macomb, Mi 48042 ☒ Fund Raiser	Purpose: Tent for Fundraiser ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	7-19-04	320 00
Expenditure #3 Name Kroser Address 26300 Crocker Harrison Township, Mi 48045 ☒ Fund Raiser	Purpose: Food for Fund-Raiser ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	7-16-04	162 00
Expenditure #4 Name Tootsie the Clown Address 33954 Schneider Chesterfield, Mi 48047 ☒ Fund Raiser	Purpose: Entertainment for Fundraiser ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	7-18-04	120 00
Expenditure #5 Name Aspenslow Embroidery Address 23519 Tihorton Clinton Twp, Mi 48035 ☐ Fund Raiser	Purpose: Embroidery For Shirts ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	7-8-04	30 00

Subtotal this page | 1227 00
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page

Page __2__ of __3__

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number __137479__

2. Committee Name __CTE Darrin York__

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name _Parisian_ Address _400 N. Adams_ _Rochester Hills, Mi_ _48309_ ☐ Fund Raiser	Purpose: _Campaign Shirts_ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	7-8-04	41.92
Expenditure #2 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

41.92

2549.48

Enter this total
on line 8a of
Summary Page

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 137479

2. Committee Name CTE Darrin York

This Schedule itemizes:

a. ☐ Debts and obligations owed <u>by</u> or forgiven the committee **OR** b. ☐ Debts and obligations owed <u>to</u> or forgiven <u>by</u> the committee.

(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: Darrin York 38964 Northpointe Pkwy Harrison Twp, Mi 48049 If bank loan, name of endorser or guarantor:	4. Type: Loan 5. **Date Debt Was Incurred**: 6-24-04 6. **Original Amount of Debt**: $ 2500 ⁰⁰	/ / $ ____ / / $ ____ / / $ ____ / / $ ____ / / $ ____ Amount Endorsed: $	$ ____	$ 2500 ⁰⁰ ☐ FORGIVEN
Debt #2 Corp? ☐ Yes Owed to or by: Darrin York 38964 N. Pointe Pkwy. Harrison Twp, Mi 48049 If bank loan, name of endorser or guarantor:	4. Type: Loan 5. **Date Debt Was Incurred**: 7-18-04 6. **Original Amount of Debt**: $ 50 ⁰⁰	/ / $ ____ / / $ ____ / / $ ____ / / $ ____ / / $ ____ Amount Endorsed: $	$ ____	2550 ⁰⁰ ☐ FORGIVEN
Debt #3 Corp? ☐ Yes Owed to or by: ____ ____ ____ ____ If bank loan, name of endorser or guarantor:	4. Type: ____ 5. **Date Debt Was Incurred**: 6. **Original Amount of Debt**: $ ____	/ / $ ____ / / $ ____ / / $ ____ / / $ ____ / / $ ____ Amount Endorsed: $	____	____ ☐ FORGIVEN

Page Subtotal (Outstanding debt) | 2550 ⁰⁰

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee) | 2550

Enter this total on line 12a "owed by"" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE

1. Committee I.D. Number 137479

2. Committee Name CFE Darrin York

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held
7 18 04 Month Day Year	36	Luncheon Picnic	38964 Northpointe Harrison Twp, Mi ☒ Private Residence 48045

7. Total Contributions 680⁰⁰

8. Other Receipts

9. Gross Receipts (Add lines 7 and 8) 680⁰⁰

10. Total Cost of Event 722²⁰
(Total Cost includes In-Kind Contributions
and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

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